



Arizona Capitol Museum Volunteer Application

(A Division of the Arizona State
Library, Archives & Public Records)

office: (602) 926-3620 fax: (602) 256-7988

Last Name First Name Month and Date of Birth

Address: _____
Street City State Zip

Home Phone: _____ E-Mail: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Work Address: _____
Street City State Zip

Emergency Contact: _____

Availability: _____
Days of the Week Time

Volunteer position you're interested in (optional): _____

Previous Volunteer Experience: _____

Educational Background or Skills: _____

Please list any foreign languages you speak/read. _____

Please list any computer programs/internet skills with which you are experienced. _____

What do you hope to gain from your volunteer experience at the Arizona State Library, Archives and Public Records?

Have you ever been convicted and/or placed on probation for any criminal offense? (A yes answer will not necessarily disqualify you.) Yes____ No____

Provide two non-relative references who have known you for one year or more.

Name:_____	Name:_____
Phone:_____	Phone:_____
Address:_____	Address:_____
_____	_____

Please read completely and sign below.

Volunteers are persons doing State of Arizona tasks/activities under the direction and control of a State authorized official and are not paid.

I give permission for photos or video of me to be used for publicity specific to the library's purposes without remuneration or compensation. Yes____ No____

I, the undersigned, understand that **liability coverage** is extended to volunteers acting at the direction of a State official and within the course and scope of State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

I also understand that as a volunteer with the Arizona State Library, Archives, and Public Records, I am **NOT** covered by the State's workers' compensation plan if injured while participating in this program (except for volunteers covered pursuant to A.R.S.23-901). Volunteers are strongly encouraged to obtain their own medical coverage before participating in the program. When there is no other insurance in place Risk Management has purchased a volunteer accident medical and AD&D program. Claim forms can be obtained from the Risk Management web site at www.azrisk.state.az.us.

I hereby authorize the State Library, Archives, and Public Records to perform a Motor Vehicle Records inquiry if I drive a state vehicle, or drive my own vehicle on state business. I also agree to provide information concerning vehicle insurance coverage upon request.

I understand that the State Library agency holds copyright and all other intellectual property rights to any works created as part of my position as a volunteer, and anything received or created while doing business for the agency may be considered a public record and belongs to the state.

I have carefully read the above information and understand its contents. The above information provided by me is accurate.

Volunteer's Signature:_____ Date:_____

For office use.

Begin date for volunteer service._____ End date for volunteer service._____

Supervisor's Signature:_____